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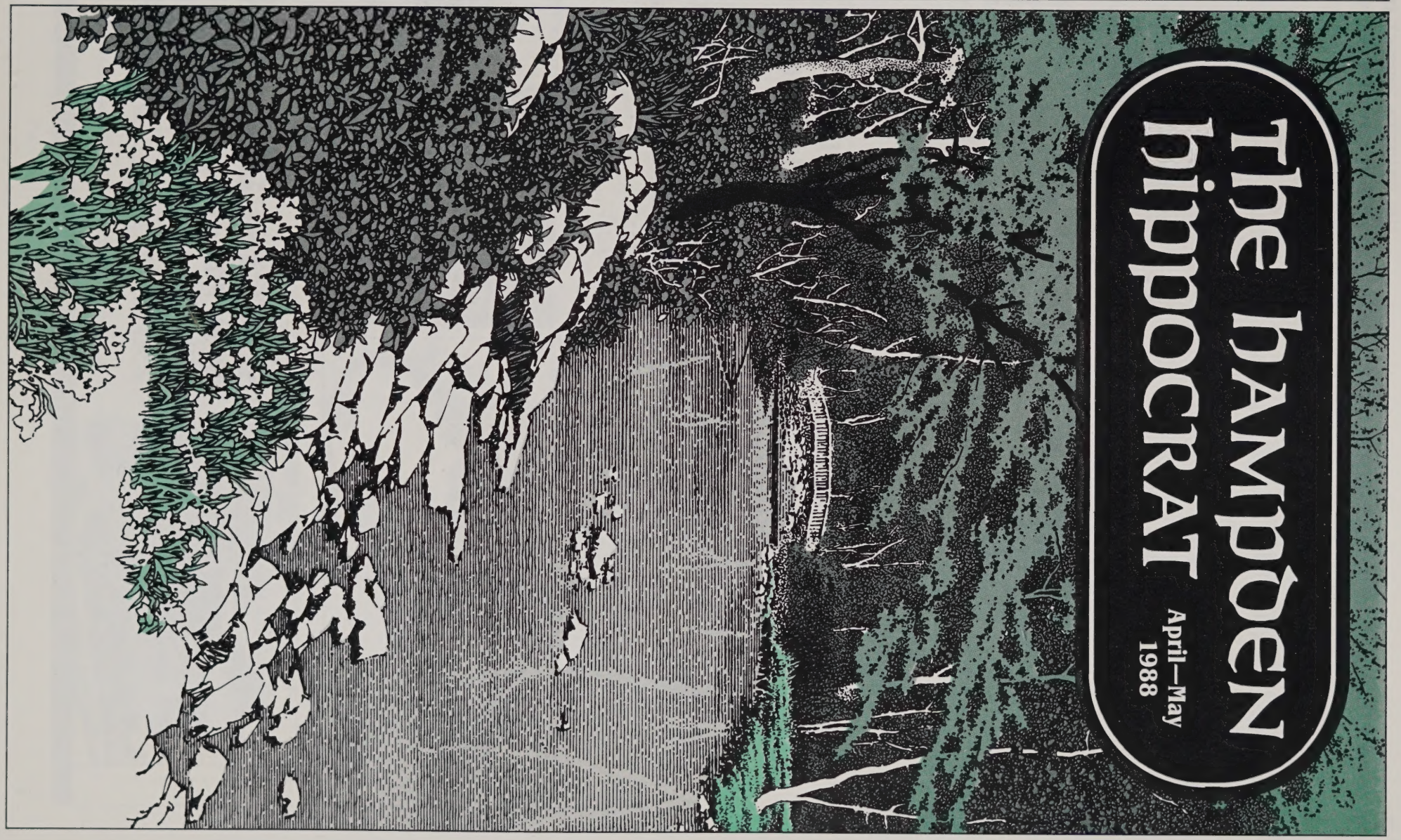

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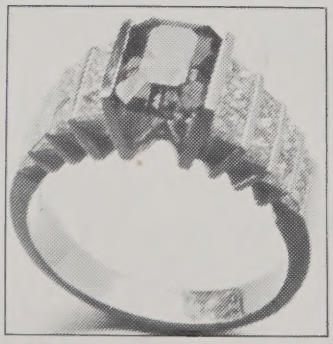
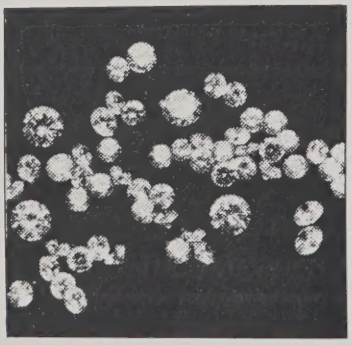
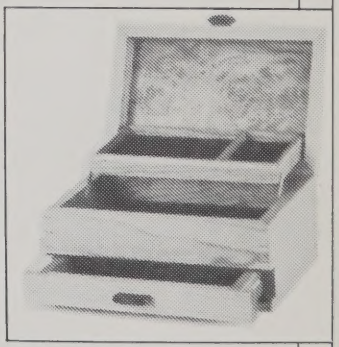

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# THE HAMPDEN HIPPOCRAT

VOLUME XXXXIV NO. 2
APRIL—MAY 1988

1414 STATE STREET
SPRINGFIELD, MASSACHUSETTS 01109
Telephone: 736-0661

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# HAMPDEN DISTRICT MEDICAL SOCIETY 1987-1988 SEASON

## ANNUAL MEETING

| | |
|---|---|
| **PLACE:** | **CARRIAGE HOUSE**<br>Old Storrowton Tavern<br>West Springfield, MA |
| **DATE:** | Tuesday, April 26, 1988 |
| **BUSINESS MEETING:** | 6:00 p.m. |
| **SOCIAL HOUR:** | 7:00 p.m. |
| **DINNER:** | 7:30 p.m., Spouses are welcome! |
| **SPEAKERS:** | WILLIAM M. McDERMOTT JR., M.D.<br>Executive Vice President, Mass Medical Society<br><br>STEPHEN H. BANDEIAN, M.D., J.D.<br>Professional Staff Assistant, Health Subcommittee,<br>Committee on Ways and Means<br>U.S. House of Representatives |
| **TOPICS:** | Massachusetts Overview Washington Update |

**NOTE:** If you must cancel your dinner reservation, please call the HDMS office before noon on April 26th. If the cancellation is not made, you will be BILLED for your dinner.

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I shall attend the meeting at Storrowton Tavern.

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Enclosed is my check for $15.00 per guest or spouse.

Society is asking our members for voluntary payment of $15.00 for their own dinners to help us defray costs.

# THE HAMPDEN HIPPOCRAT

## CONTENTS

APRIL—MAY 1988

VOLUME XXXXIV NO. 2

The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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# IN THIS ISSUE

| | |
|---|---|
| HDMS President's Message | 6 |
| Hartford County Medical Association Announces Medical Expo '88 | 9 |
| Bylaws Committee | 11 |
| Education and Library Committee | 11 |
| Executive Committee | 11 |
| Mediation Committee | 11 |
| Medico-Legal Committee | 11 |
| Public Relations Committee | 11 |
| Insurance Committee | 12 |
| Disability, Life and Health Insurance | 12 |
| Membership Committee | 13 |
| Scholarship Committee | 13 |
| Dr. Max & Ida Milman Foundation | 13 |
| Public Health Committee | 13 |
| Tax Supported Medical Care Committee | 14 |
| Medico-Religious Committee | 14 |
| Aids And Its Implications For Western Massachusetts | 15 |
| Physicians Play Key Role In Hospice Program | 17 |
| Welcome New Members | 19 |
| In Memoriam | 20 |

THE HAMPDEN HIPPOCRAT is published bi monthly.
The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.
All communications should be addressed to Carol L. Nystrom, Hampden District Medical Society, 1414 State St., Springfield, MA 01109: Telephone: 736-0661.
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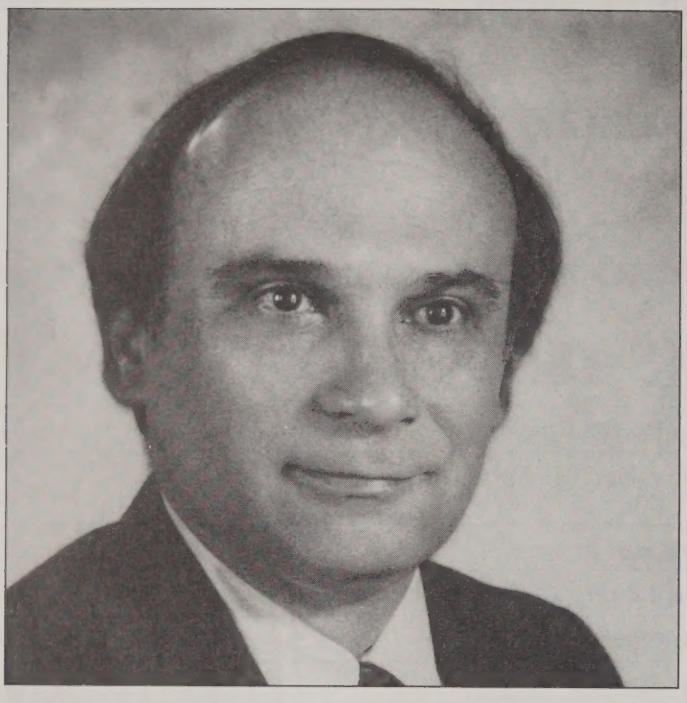
# HDMS President's Message



Gregory A. Slachta, M.D., President

It was three years ago that I was asked to assume the Hampden District Presidency serving first a President-elect year and then two years as your President. On the eve of turning over the gavel to Gordon Rich I thought I would reflect on those three years.

My initial feeling at that time was that the Medical Society was no longer functioning as a political force in behalf of the physicians. The representative of the medical community had become, defacto, the hospital medical staffs of the area hospitals. They could not adequately represent or adequately inform the physician commuity of the fast changing political scene. It was clear the medical society needed to develop a high profile, positive public relations approach to change the perception that it was a social club.

Clearly doctor bashing was the order of the day three years ago. The Medicaid Access Coalitions painted us as the evil empire. We were the cause for the infant mortality. It was negligent bad doctors that caused malpractice. That we discriminated against patients was addressed by MCAD suits against members. By making the society available and accessible to comment to the print and broadcast media on the issues of the day we have changed a public perception of arrogant aloof unaccessible practitioners to that of caring partners in the health care needs of the valley. We have been honest and aboveboard in our presentation of the difficulties in providing quality care in this highly restrictive environment. That has been clearly portrayed by the media these past two years.

The society has learned to work effectively in the political process. We now have become a political reality. Our members have not just learned to contribute to help good candidates for public office but have been to and run fundraisers for many candidates. Members of the society are often found at functions of political candidates from school committee to the U.S. Senate. It is the lesson learned here that will allow us to be more effective advocates of accessible, quality care for our patients.

The district has taken a more active role in constituency work for our members in addressing problems, directly when it can or acting as an intermediary between the members on legal and political issues with, the Mass Medical Society, the legislature and government agencies. I have responded in as timely a fashion as possible to access the correct information.

The district has begun the process of developing a cadre of young informed future leaders over these past three years that will be the foundation of a sound society in the future.

Those are the four main areas I feel we have accomplished the most in the three years. I believe the Hampden District Medical Society is a more sound and more vital society than it was three years ago. That is not to say that we don't have miles to go before we sleep but rather to suggest we have started a journey on our long range plan on a good solid foundation.

I would like to take this opportunity to reflect on some of the major issues the Society has had to respond to during my tenure.

The Physician's Union (P.S.A.M.) started out of physician discontent for the regulatory environment, mandatory assignment of Medicare to licensure and the looming malpractice crisis. It had the potential to plunge the society into non-existence. It didn't because it was not viewed as a competitor as it could have been, but rather as an ally in dealing with the larger concerns of physicians.

The Malpractice Crisis that developed because of the artificially low premiums promulgated for several years by the Insurance Commissioner for the Governor, Peter Hiam, and their being overturned by the SJC. The request for retroactive premiums dated back to 1983 in face of regulatory limits on income by balance billing restrictions fueled the crisis. The society responded swiftly by firing the first shot in a well-organized hearing at City Hall in September of 1985 before the Special Commission for Malpractice of the legislature. We didn't solve the problem that following summer but we learned a lot about the process that aided us in other legislative action. We did get a change in the statute of limitation,

continued

structured settlements and a modified cap on non-economic damage awards. We also sensitized the community to understanding that the price of unlimited access to the courts is expensive professional liability insurance and access to physicians offices as the physician exocus began.

Mandatory Medicare assignment attached to licensure legislation was passed in December of 1985, another straw that precipitated the exodus of physicians from the commonwealth. Dr. Leonard Morse, the then Chairman of the Board of Registration, resigned. The Mass Medical Society sued the Commonwealth under separation of powers arguments and lost in the Federal Appeals Court. The Supreme Court chose not to hear the case. The real Pyrrhic victory for the elderly, as their access to primary care physicians continues to decrease.

To solve the malpractice problem, the regulators, under Secretary of Consumer Affairs Paula Gold, instituted through the board of Registration a series of Kafka-like monitoring and reporting regulations of outcome and process data which were originally discoverable in a lawsuit. There being no severity indexing it was clear that physicians would avoid high risk procedures and patients leaving a void in their care; a defacto rationing process. But according to Ms. Gold, next year when we have done all we can to the doctors, we can enact real tort reform as those committing malpractice will have been weeded out.

The Medicaid Access Coalitions have continued to lobby for mandatory Medicaid participation attached to licensure. That led to the Governor's and the Massachusetts Medical Society's accord for 85% voluntary participation and improving medicaid rates, timely payments, and improved administration, making it a user friendly system. The rates went up on cognitive services but substantially less so for surgical procedures. The bureaucracy has increased, Dr. Masters has resigned, and elective and nightmarish emergency care pre-review edict has gone into effect. The disallowed claims and delayed payments are still a problem.

The Blue Shield Crisis consumed much of this past year. The unilaterallity of contract changes, the arbitrary disallowances, the unreasonable coverage policies, the significant fee discounts, the arrogance of the organization, and the non-participating lock-out of physicians led to access problems for patients when resignations from the plan rose to over the hundred mark. This led to front page news, legislative hearings, the Attorney-General issuing civil investigatory demands, and a legislative battle for the end to the non-participating lock-out. Well, that hasn't happened yet but it may. What has happened is the existence of a defacto non-par here in the Greater Springfield area with many of the larger businesses and municipalities purchasing reinsurance to allow employees to go to non-participating physicians. And of course there was the loss of the state contract by Blue Shield recently.

The Physician Exodus has been a continuing process over the past three years. Frankly, I miss many of my colleagues who have had to leave the commonwealth or have retired prematurely. That is a great loss to all of us. The press handled this story well and appreciated the significance of a normally non-mobile segment of our society picking up and leaving and its impact on the community. The second phase of the exodus is starting with the proliferation of Connecticut offices. This is happening in other parts of the commonwealth as well, the Cape Cod physicians are supported by offices in Rhode Island; the North Shore physicians by offices in New Hampshire; and the Western and Northern Physicians by offices in Vermont. The Massachusetts medical miracle relates then, to the prosperity of its New England neighbors. A pathetic demonstration of parasitic economic planning by the administration.

In October, 1987, the Massachusetts Medical Society Council passed a resolution advising the rest of the country that Massachusetts was an unhealthy environment to practice medicine. Accurate, but it shouldn't have been newsworthy. The rest of the nation already knew and the legislature denied having any knowledge that things were that bad. Perhaps thay were out of town these last three years, if they, as many of them said, had no idea there was a problem.

continued

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# HDMS President's Message

continued from previous page

There, of course, were the politically motivated MCAD suits against several of our members for discriminating against Medicaid patients. Our position was vindicated in the courts. The society made no bones about the political motivation and attempted to have them dismissed before they got that far, to no avail.

Now in front of us is the Universal Health Bill that has, in the House version, excellent PPO language that will force Blue Shield into dealing with its new PPO product if it were to develop one (bet on it) as a new line of business, and negotiate with the physicians for the first time since 1942. Thank you, Richard Voke (D-Chelsea), Chairman of the House Ways and Means committee, for the support you gave us on that piece of legislation. Now if we can hold it in the Senate.

I'm sure if I thought longer I could come up with other important issues we have dealt with these past three years on behalf of our members. The real issue is that we will have to deal with these and probably more problems over the next decade. It is for this reason I believe we must do even more than we have in the political, public relations, and organizational levels of the society. I believe the future of quality, accessible and affordable care in the valley depends on that. I believe that for you and me to survive to provide that care we must double, no triple, our efforts in the above mentioned arenas. We must lock arms together for that single purpose. I hope you will commit yourselves to support that effort and your new President Gordon Rich and President-elect Nancy Weiss.

The past three years have been particularly rewarding to me in serving you as your President. I appreciated the kind words many of you took the time to write or to offer when you stopped me in the halls while making rounds. I want to thank Carol Nystrom, Carol Sarno, and Donna Zitka who have been work-a-holics for me. I want to thank the staff at the Mass Medical Society who have given me unlimited support and access; Andy Hunt, Joe Grant, Michael Kelly, Kathy Curtis, George Roy, Chuck Amorisino and of course Bill McDermott. Of course, the amount of work put into the district could not have occurred without the support and tolerance of my partners, Rocco Verrilli, Frank Sterba, Ralph deLima and Bob Mandell. The society owes them a debt of gratitude. I also want to thank the many of you who have been supportive and worked hard for the district these past few years. There are too many to name here, but I appreciated all your support. Last but not least my family who have been most understanding. ■

Thank you all.

> The final test of a leader is that he leaves behind him in other men the convinction and the will to carry on... The genius of a good leader is to leave behind him a situation which common sense, without the grace of genius, can deal with successfully.
>
> Roosevelt Has Gone (April 14, 1945)
> Walter Lippmane

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# Hartford County Medical Association Announces Medical Expo '88

HARTFORD—Two of the most pressing issues in health care today—the AIDS crisis and the nursing shortage—are the focus of MEDICAL EXPO '88, a two-day regional event for health care professionals and administrators sponsored by the Hartford County Medical Association on April 20th and 21st at the Hartford Civic Center.

Now in its third year of production, MEDICAL EXPO is New England's premiere medical and health exposition and symposium, with 250 exhibitors representing all facets of the industry and an anticipated attendance of over 5,000.

The program will run from 12:00 noon to 8:00 p.m. on Wednesday, April 20th and from 10:00 a.m. to 5:00 p.m. on Thursday, April 21st. Admission is free to all members of the health care field.

Some of the foremost experts in the country have been assembled for a comprehensive presentation on THE AIDS CRISIS: EDUCATING THE HEALTH CARE COMMUNITY. Robert C. Gallo, MD, Chief of the Tumor Cell Biology Laboratory at the National Cancer Institute of the National Institutes of Health, and Franklin Volvovitz, President and Chairman of MicroGeneSys, Inc. will discuss the present and future of AIDS research and testing. Other national, regional, and local authorities are scheduled to provide an assessment of AIDS eduction, policies and developments and to offer the most current information available from clinical, epidemiologic, legal and ethical perspectives.

THE NURSING SHORTAGE and its imminent adverse effect on patient care is the subject of an additional forum at MEDICAL EXPO '88. Representatives of the Governor's Task Force, hospital administration and the nursing profession will examine not only the status of the current situation, but possible solutions and recommendations for change, as well.

In addition to the symposia and exhibits, recruitment activities focusing on career opportunities for nurses, physicians, and allied health professionals and technicians will be underway throughout the exposition.

MEDICAL EXPO '88 is a program of the Hartford County Medical Association, which represents nearly 1,800 Greater Hartford member physicians, designed to encourage and support continuing education for fellow doctors and other health care providers. For more information on MEDICAL EXPO '88, contact the Association at (203) 525-2108 or call Robert Donnell Productions, (203) 233-3654 or 1-800-243-9774. ■


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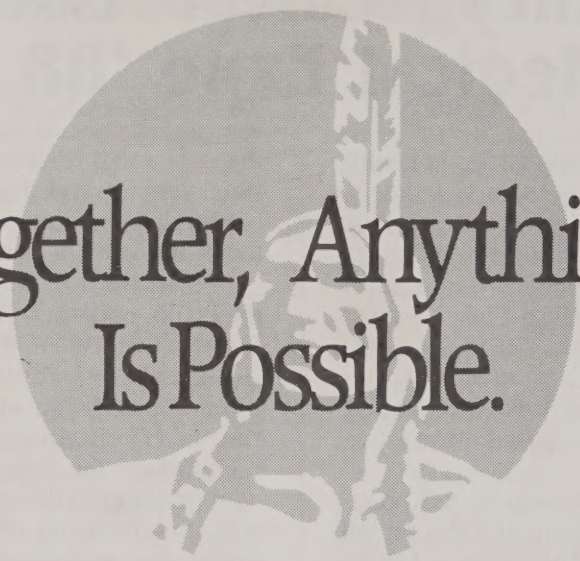

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# Annual Committee Reports

## BYLAWS COMMITTEE

During 1987-1988 the Bylaws Committee was called upon to present to the membership a bylaws addition originally approved by the Executive Committee in May 1987, defining the frequency of meetings of the Committee on Education and the Library. The proposed bylaws addition was approved by the membership without dissent on September 22, 1987. No other business was referred to the Committee and no meetings during 1987-1988 were required.

Bruce B. Stoler, M.D.
Chairman

## EDUCATION AND LIBRARY COMMITTEE

The Committee on Education and the Library is completing its seventh year as the body responsible for the Springfield Academy of Medicine, having met six times throughout the year.

Seventeen lectures offering CME credits have been sponsored by the Academy this year.

A grant to the library from the Massachusetts Medical Society was used to purchase a computer, a new copier, and a facsimile transceiver. This equipment is used to search MEDLARS databases, to request books and journal articles, and to respond to inter-library loan requests by mail, computer, and facsimile.

The committee also commissioned a consultant to assess the library, its budget, and possible future directions. The written report of this study is on file in the library.

Harrison D. Willcutts, M.D.
Chairman

## EXECUTIVE COMMITTEE

Monthly meetings of the Executive Committee were held except in July and August. Dr. Slachta, President, presided at all meetings. Agendas were prepared by Dr. Slachta and Mrs. Nystom, Executive Secretary. The HDMS Auxiliary was represented at the meetings by Mrs. Jane Condon. Monthly membership reports were presented at all meetings and pertinent newspaper articles were available at the meeting for the committee members. Ms. Michael Barnes, advertising consultant, attended several meetings.

Dr. Mullan made legislative update reports at each meeting relaying MMS Legislative Committee agenda items. Due to deficits the Hampden Hippocrat was advised to be more self-sustaining and increase prices for ads. A by-law change for Academy of Medicine was approved. A new HDMS Picture Directory was delivered in the Fall.

New Committees and Chairmen included-Quality Assurance Oversight-Dr. Higby and Long Range Planning-Dr Verrilli. The Library Committee will formulate a CME program in conjunction with District Mtg in the Fall. A survey will be conducted of library use by members.

It was voted in November to invite new members to attend Executive Committee Meetings.

The white paper from Dr. Verrilli's committee will be discussed at a special district meeting March 29. A FAX telephone machine was ordered.

All committees functioned well.

William W. Waltham, Jr., M.D.
Secretary

## MEDIATION COMMITTEE

The Mediation Committee met periodically throughout the year to review and resolve 20 disputes and misunderstandings.

The case load and case mix have been remarkably consistent during the past few years. Most of this year's cases were relatively minor problems in communication between patients and physicians. None were particularly controversial and none had to be forwarded to the State Society or the Board of Registration of Medicine.

Kenneth M. Frankel, M.D.
Chairman

## MEDICO-LEGAL COMMITTEE

No major matter occupied the Medico-Legal committee this year.

Lester Frank, M.D.
Chairman

## PUBLIC RELATIONS COMMITTEE

The Public Relations Committee continued its efforts to provide appropriate information to the media. Locally, several articles have appeared in the Springfield area papers covering legislative, as well as scientific, subjects. Similary, appearances have been made on local television news shows and WSPR radio. Public Relations efforts are a major emphasis of the white paper report, and continued member involvement, as well as professional consultation, will be necessary.

The state council has also passed a resolution recognizing the need for public relations efforts, and statewide programs may also complement our local efforts in the future.

John Papale, M.D.
Chairman

continued

# Annual Committee Reports
continued

## INSURANCE COMMITTEE

Most physicians have received bills for the first installment of the 1982-1986 payback, the 1986-1987 short-fall and the bill for 1987-1988. The 1988-1989 rate is reported to be the same as the 1987-1988 rate.

Errors were frequent for the balance of the 1986-1987 obligation, particularly for physicians whose rate classification changed during this billing period. While the ground rules are not clear, physicians who down-graded their classification before May 1, 1987 should be billed (for the short-fall) at the lower rate for the entire year. If the bill you receive exceeds the difference of the old rate for your new rate class and your bill for the 1987-1988 rate year by more than a few hundred dollars, check with your insurance agent of the J.U.A. (In my case the error was $13,000 in their favor.)

The J.U.A. has filed for retroactive payments for years 1975-1982. Losses for this time period are probably accurate. It is unlikely that the insurance companies that compromise the J.U.A. will be required to do what insurance companies are supposed to do-calculate risk and pay their share of losses. This issue is sufficiently sensitive that it will probably not be addressed seriously until after the November 1988 elections.

Do not be lulled into a sense of complacency by the absence of a rise in rates for 1988-1989. This is an election year. The J.U.A. is, by all accounts, underfunded by perhaps hundreds of millions. Be prepared for a very large increase in malpractice insurance rates next year.

Those physicians who carry office overhead insurance should consider increasing this coverage, particularly if they have claims made to account for the increased expense of malpractice insurance.

The Massachusetts Medical Society has changed insurance brokers and will, among other things, attempt to obtain a portion of the premium now received by insurance agents (about 1%) by having the new broker handle J.U.A. malpractice premiums. This could improve service to physicians and be a significant source of non-dues income if the new organization does a good job. Obtaining timely information and recognizing billing errors has proven difficult or impossible by many independent insurance agents. We will have to wait and see what is offered by KVI.

## DISABILITY, LIFE AND HEALTH INSURANCE

The Massachusetts Medical Society in the February council meeting approved transfer of broker endorsement from Lester Burdick, Inc. to KVI of Des Moines, Iowa. This was the culmination of a lengthy dispute between the MMS and Lester Burdick, Inc. The central issues were

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the request for a return of a significant part of the permium to the MMS and greater control over the administration of the plans. The change did not stem from a dissatisfaction with the insurance programs offered by Burdick. The plans now in force will not be transferred and Burdick will continue to offer these plans and to administer them through their agents located throughout the state.

The new KVI will be administered by mail and telephone form Des Moines, Iowa.

The details for the new program, including who will or will not be eligible to participate are not known at the time this report is written.

The competitive environment created by this situation should benefit physicians interested in purchasing group health, life, disability or office overhead insurance. Physicians interested in purchasing group insurance for themselves or their employees are urged to solicit quotations from both organizations. When the information is available, I will in a future issue of the Hippocrat present a comparison of the two plans.

Lorne C. Smith, M.D.
Chairman

## MEMBERSHIP COMMITTEE

In the past year we have added 33 new members to our society; 17 members moved to senior status. The present census of members in our district is now a total of 656 individuals and of these 508 are paying members.

To the above we have to add 35 physicians in resident status and 3 medical students.

Certainly the status of our district appears to be healthy and strong. With this report I am leaving this important assignment. I feel certain that the future of our magnificent society here in Hampden will be even brighter

Franco Navazio, M.D.
Chairman

## SCHOLARSHIP COMMITTEE

The Scholarship Committee met and reviewed applications from medical students for financial aid.

Ten students received a total of $655 each from two seperate funds. Five of these students are female.

Request for scholarship application forms are being filled for the 1988/89 school year.

William Coen, M.D.
Chairman

## DR. MAX & IDA MILMAN FOUNDATION

Scholarship loans are also available to medical students through the Dr. Max & Ida Millman Foundation. Five students received $800 each from this account for the 1987/1988 school year. Of the five applicants, two are female. Donations from members and friends of the Millman Family have been received during the year.

William Coen, M.D.
Chairman

## PUBLIC HEALTH COMMITTEE

We held four-monthly meetings, September-December 1987. Our principal concern has been with the very large subject of AIDS and essentially the role of all the physicians of this area in the response to the disease. In order to fortify their position, a series of articles on AIDS was begun in the December-January issue of The Hippocrat. It will be continued regularly and indefinitely.

We have a membership of eight (M. Chorowski, P. Moore, W. Pacosa, G. Rich, F. Riley, A. Sheffield, M. Watnick and L. Whiting)-along with Public Health Commissioner, John Cippola and Auxiliary Representative, Mrs. K. D'Avanzo and have had excellent attendance.

Mrs. C. Nystrom and D. Zitka have been of inestimable help to this new chairman.

Francis J. Riley, M.D.
Chairman

continued

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# Annual Committee Reports
continued

## TAX SUPPORTED MEDICAL CARE COMMITTEE

There have been no local meetings of this committee. Dr. Pacosa and Dr. Tauber have attended the meetings of the MMS TMCC which take place at approximately monthly intervals.

Medicaid recruiting has worked very well in a cooperative project between MMS and the Department of Public Welfare. Fee schedules have been improved. There have also been improvements in decreasing red tape. The previous policy of harassing physicians has been definitely discarded. There continue to be problems with claims handling, mostly by the processing contractor (SDC). SDC and DPW claim (and we dispute) that much of the problem is due to errors in form completion in the physician's offices.

(Editorial Comment by WFT): Robert Master, M.D. resigned as medical director of MEDICAID on February 5, 1988. Since most of the improvements we have witnessed in the last two to three years, are the result of his dedication and hard work, it remains to be seen, whether the favorable changes mentioned above, will remain in place. Dr. Master resigned because cuts were made in the Medicaid budget to finance the Governor's health care bill.

Medicare is the other major concern of the committee. From evidence brought to the committee, it is quite apparent that payments are denied for legitimate services on various pretexts as an outright money saving ploy It is less clear, whether the Medicare intermediary (Blue Shield) is acting on its own initiative or on instructions from its federal sponsor. Physicians, especially internist, are urged to monitor Medicare rejections. Anyone who has such a problem should write to: Manuel Lipson, M.D., Co-Chair TMCC, Massachusetts Medical Society, 1440 Main Street Waltham, MA 02154-1649.

Champus has only recently been discussed. It is too early to make any report on this.

Walter F. Tauber, M.D.
Chairman

## MEDICO-RELIGIOUS COMMITTEE

The Medico-Religious Committee worked through the year to prepare for the Third Annual Medical Ethics Forum which was held on Wednesday, September 30, 1987.

The main speakers were Dr. Robert J. Levine, Professor of Medicine from Yale University School of Medicine and Dr. Kathleen A. Nolan from The Hastings Center in New York. The topic that was discussed in length was *Patient Rights, Health Provider Rights: The AIDS Issue.* The Forum was attended by 180 health professionals who were actively involved in the question and answer period that our panel provided.

The Medico-Religious Committee is most interested in hearing from the Society's membership if there are specific areas that our physicians feel need to be addressed in terms of medical ethics for future meetings. If you have any suggestions, please write to me in care of the Society's office, 1414 State Street, Springfield 01109. ■

James G. Fitzpatrick, M.D.
Chairman

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# Aids And Its Implications For Western Massachusetts

AIDS affects over 52,000 individuals in the United States and has been associated with almost 30,000 deaths. Estimates are that up to 270,000 persons will develop this illness over the next several years; and that several million more will carry the virus asymptomatically. Massachusetts ranks eighth in number of cases, and has reported almost 1,300 persons with AIDS. Western Massachusetts, comprising Hampden, Hampshire, Berkshire and Franklin counties has reported 62 cases, constituting 5.4% of the total for the state. However, this number falls far short of the number of hospitalized individuals with AIDS that have actually been cared for in the region. Since 1981, Baystate Medical Center has managed over 70 patients, constituting 180 separate hospitalizations and approximately 2750 hospital days. Our data also demonstrates that the problem is worsening, and that the most recent six month block (July-December, 1987) depicts an approximate doubling of all parameters from the preceding one. To look at this in another way, one quarter of all new patients, one third of total hospitalizations and almost one third of total patient days occured in the last half of 1987. Unfortunately similar data for ARC are not available, nor do we have adequate information about the treatment of AIDS in outpatient settings. Similarly, we have few data that define the extent of asymptomatic HIV-positivity in the region. Information from the offices of Infectious Disease specialists at Baystate Medical Center now demonstrate that about half of all outpatient activities are related to HIV-related disease. The problem of AIDS in Western Massachusetts is further complicated by the fact that one third of cases have occurred in IV drug abusers (compared with 15-20% nationally), and that this population is significantly harder to identify, educate and manage.

Within the next several years, AIDS will impact on all health care facilities and most physicians. There is no evidence that major breakthroughs in therapy or prevention will occur, and it will prove impossible for only a few institutions to handle the load. Health care organizations must begin to communicate with each other about mutual needs and plans if adequate patient care, education and cost effective management is to be realized. Major cost savings can occur through the innovative use of out-patient facilities, and formal strategies must be adopted in a timely fashion to establish and staff these. Input and funding will be needed from government at all levels, and these must be actively lobbied to help meet the needs of the area. A proposal has recently been submitted to the Springfield Government to establish an out-patient facility to be located at the Springfield Health Department. Medical staffing needs could, in part, be provided through Baystate Medical Center specialists and other interested physicians. Such a facility would help meet out-patient needs for the region, reduce costs, and provide quality care for an expanding population. ■

Richard B. Brown, M.D., F.A.C.P., Chief
Infectious Disease Division
Baystate Medical Center

Associate Professor of Medicine,
Tufts University School of Medicine

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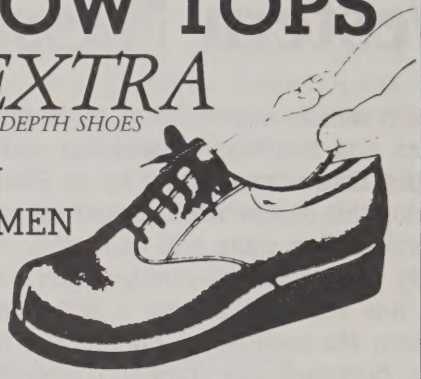

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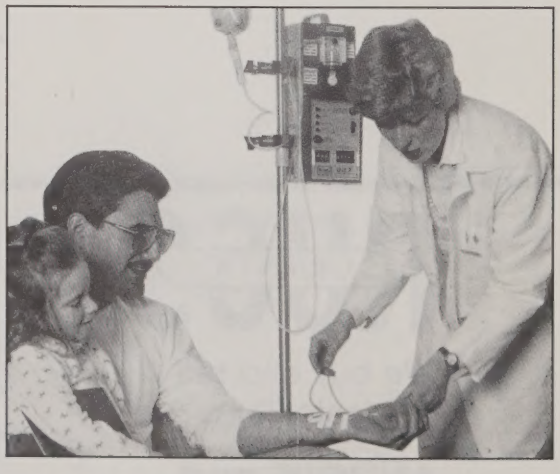

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# Physicians Play Key Role In Hospice Program

Vision of a medicare certified hospice program in Hampden County soon will be a reality. The Hospice of Pioneer Valley, Inc., an affiliate of the VNA Foundation of Pioneer Valley, plans to offer comprehensive hospice services to patients and families by July 1, 1988. The major focus will be home care. Team members will visit on a part-time, intermittent, regularly scheduled and around-the-clock, on-call basis. Services are available in collaboration with area physicians, hospitals, pharmacies, vendors, and agencies. Hospice of Pioneer Valley, Inc., will provide palliative care and extensive support to patients for whom curative intervention is no longer relevent. Hospice services are not subject to DRG's.

The hospice concept encompasses both home and inpatient care for persons diagnosed as having a terminal illness with a limited prognosis. The interdisciplinary team (consisting of nurses, a social worker, physicians, a pastoral care giver, counselors and trained volunteers) supports the family as the unit of care and attempts to help the family keep the patient at home as long as such care is appropriate. Inpatient facilities serve as a back-up for respite care and short hospital stays for pain and symptom management. Bereavement care is available for up to one year after the death to survivors when readjustments are difficult.

Community attending physicians play a key role in the hospice program of care. The patient's own physician must offer consent and cooperation and play an active ongoing role in the patient's plan of care. A concentrated emphasis on pain and symptom management is provided by regular administration of appropriate medications. The perception of pain requires both attention and consciousness. The use of narcotics and adjuvant medication alone can not be successful if the phsychological, spiritual and financial needs of the patient are ignored.

The quality of life determines whether a person will live as fully as possible. The hospice interdisciplinary team, under medical direction, uses a problem-solving approach to alleviate symptoms. The process is on-going as problems resolve or exacerbate. The team's assessment begins by listening to the patient who alone can describe the extent of his/her suffering. An understanding of coping mechanisms and cultural and behavioral patterns help in predicting and solving problems.

The Hospice Medical Director has a unique role in hospice care. He/she gives direction to the interdisciplinary team and is a resource for treatment plans based on input from the referring community attending physician, the patient, family and team members.

The Hospice Medical Director also has a responsibility to keep other health care providers informed about medical protocols for terminally ill patients and the medical ethics involved in such care. Hospice may not be for everyone, but physicians need to give patients and families that option. When the community attending physician stays involved in the final stages of life, the outcome is favorable for the team, the patient, the family and the physician.

We are asking for your support. A search is underway to recruit a physician to serve as Medical Director for the Hospice of Pioneer Valley, Inc. We also need your referrals to make the program work. Please consider helping us make this a successful program. It can only enhance your practice.

For further information, call Maureen Skipper, President of Visiting Nurse Association of Pioneer Valley or Terri McCarthy, Director of Human Resources, at (413) 781-5070. ■

Nicholas P.W. Coe, M.D.

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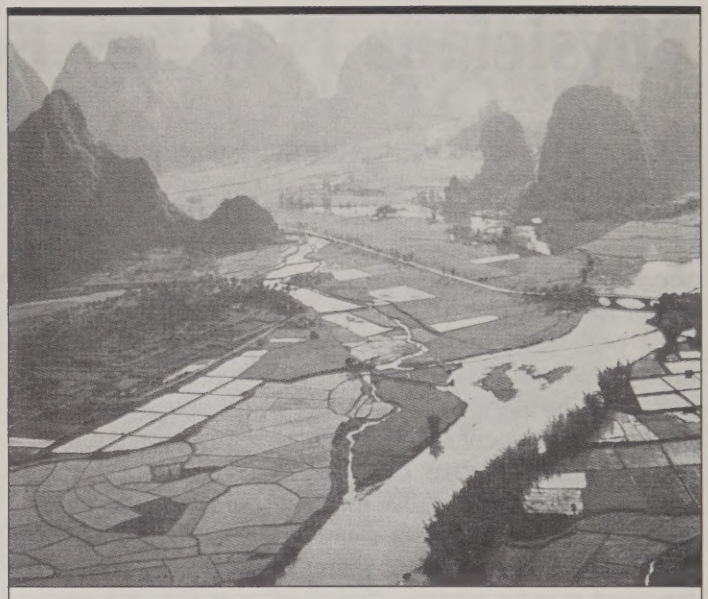

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# Welcome New Members

Peter T. Demos, M.D.
2150 Main Street
Springfield, MA 01104

| | |
|---|---|
| BORN: | March 6, 1951 |
| PREMED: | Cornell University, Ithaca, NY 1969-73<br>Penn State University, PA 1973-76 |
| MEDICAL: | University of Connecticut, CT 1976-80 |
| INTERNSHIP: | McKennon Hospital, South Dakota 1980-81 |
| RESIDENCY: | Sioux Falls Family Practice 1981-82<br>Medical College of Virginia 1982-85 |
| SPECIALTY: | Dermatology |

James D. Haddad, M.D.
300 Stafford Street Suite 300
Springfield, MA 01104

| | |
|---|---|
| BORN: | August 12, 1953 |
| PREMED: | University of Massachusetts 1971-75 |
| MEDICAL: | UMass Medical School 1978-80 |
| INTERNSHIP: | Medical University of South Carolina 1980-81 |
| RESIDENCY: | Medical University of South Carolina 1981-1983<br>Chief Resident 1983-84 |
| FELLOWSHIP | Northwestern Unviersity Medical School, IL 1984-87 |
| SPECIALTY: | Internal Medicine/Cardiology |

William F. Petrone, M.D.
Mercy Hospital
P.O. Box 9012
Springfield, MA 01101

| | |
|---|---|
| BORN: | September 12, 1949 |
| PREMED: | University of Rhode Island 1974-78 |
| MEDICAL: | University of South Alabama 1980-84 |
| INTERNSHIP: | Orlando Regional Medical Center, FL 1984-85 |
| RESIDENCY: | West Virginia University Medical Center 1985-1987 |
| SPECIALTY: | Emergency Medicine/Pediatrics |

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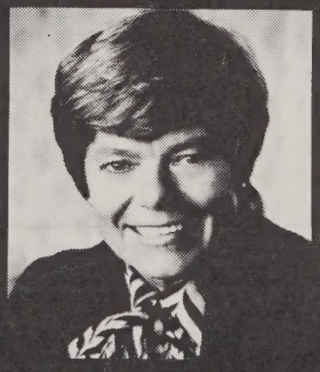

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163 Silver Street
Agawam, MA 01001

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|---|---|
| BORN: | May 13, 1958 |
| PREMED: | Haverford College, PA 1976-80 |
| MEDICAL: | Geo. Washington University School of Medicine and Health Sciences 1980-84 |
| INTERNSHIP: | Mountainside Hospital, NJ 1984-85 |
| RESIDENCY: | Mountainside Hospital, NJ 1985-87 |
| SPECIALTY: | Family Practice |

Russell R. Stewart, M.D.
130 Maple Street Suite 306
Springfield, MA 01103

| | |
|---|---|
| BORN: | May 5, 1955 |
| PREMED: | Allegheny College, PA 1973-77 |
| MEDICAL: | University of Pittsburgh School of Medicine 1978-81 |
| INTERNSHIP: | St. John's Mercy Medical Center 1981-82 |
| RESIDENCY: | University of North Carolina Memorial Hospital 1982-84 |
| SPECIALTY: | Anesthesiology |

# IN MEMORIAM

## D. SEAN RESTALL, M.D.

D. Sean Restall died on March 2 in Springfield of a car accident.

He was born in Leicester, England and went to medical school in London at the St. George's Hospital. After having achieved Fellowship in the Faculty of Anesthesiologists of the Royal College of Surgeons, he moved to this country and he was on the staff of the Beth Israel Hospital in Boston from 1968 to 1974. In 1973, he became a Diplomate of the American Board of Anesthesiology.

In 1974, Sean moved west again to the then Springfield Hospital, where he created and became Director of the Service of Cardiac Anesthesiology. In the course of the years, Sean extended his interests. He chaired a number of hospital committees. He organized outpatient anesthesia and became the Director of the Day Stay Surgery at the Baystate Medical Center. He became a Councillor of the Massachusetts Medical Society. He became the President of the Massachusetts Society of Anesthesiology and a two-term Delegate to the American Society of Anesthesiologists.

In the meantime, he lived the life of a practicing anesthesiologist, doctors and nurses often being his patients. Sean Restall was a man of many qualities and interests, who could temper his strong personality with kind concern. His endless flow of ideas and activities will be very hard to replace. He is missed terribly. He leaves his wife Wenda Loach and his son Hugo. ■

Franco Dinale, M.D.
Department of Anesthesiology
Baystate Medical Center

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